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Date: Thu, 26 May 1994 15:52:41 -0400 (EDT)
Subject: Naval Service Medical News (NSMN) 94-18

R 270426Z MAY 94 ZYB
FM BUMED WASHINGTON DC//00//
SUBJ/PUBLIC AFFAIRS-NAVAL SERVICE MEDICAL NEWS (NSMN) (94-18)//
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2. HEADLINES AND GENERAL INTEREST STORIES THIS WEEK:
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HEADLINE: USNS Comfort Prepares for Caribbean Deployment
BUMED Washington (NSMN) -- In support of the President's
announcement 20 May concerning Haitian migrant processing, the
U.S. Navy has been ordered to deploy the hospital ship USNS
Comfort (T-AH 19) to the Caribbean for possible use as a migrant
processing center.

Comfort is currently in Norfolk, VA, undergoing routine
maintenance. The ship will report to the U.S. Atlantic Command
for duty in the Caribbean in early June.

This week, medical and support personnel from the National
Naval Medical Center Bethesda, MD, and other commands have
detached to staff the hospital ship.

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HEADLINE: DOD Launches Gulf War Veterans Medical Program
DOD Washington (NSMN) -- The Department of Defense, in
coordination with the Departments of Veterans Affairs and Health
and Human Services, is launching a new three-point plan to better

understand the medical nature of the Persian Gulf Syndrome. This program will allow these agencies to better care for Gulf War veterans who are ill with no clearly defined diagnoses.

Assistant Secretary of Defense for Health Affairs Stephen Joseph, MD, designed this program based on the findings of the National Institutes of Health Technology Workshop. The workshop, held 27-29 April 1994, found that the Persian Gulf Syndrome is not a single disease or syndrome, but rather a range of illnesses with overlapping symptoms and causes.

The plan's three points are:

- Conduct a coordinated, aggressive, comprehensive diagnostic effort to determine, as far as possible, the causes of the symptoms described by the NIH consensus conference on Persian Gulf veterans. All those Persian Gulf veterans who are in the DOD's Persian Gulf Veterans Health Surveillance System and who do not have clearly defined diagnoses will be offered an intensive examination. The content and phasing of these examinations will be developed by a Tri-Service Flag Officer Work Group.

- Dr. Harrison C. Spencer, Dean of Tulane School of Public Health and Tropical Medicine, has been asked to review existing and currently proposed plans to determine if additional epidemiological approaches may be helpful.

- Create a forum of national medical and public health experts to advise DOD, VA and HHS as they proceed in these directions and to offer a channel for broader public comment and suggestions.

Joseph stated, "I am confident that this three-point plan will bring us closer to understanding the medical nature of the Persian Gulf Syndrome. These additional actions underscore the Department's continued commitment to aid our Persian Gulf veterans."

Reprint of Department of Defense News Release No. 282-94 of 12 May 1994

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HEADLINE: SECNAV Relays Message from Navy Surgeon General

BUMED Washington (NSMN) -- Secretary of the Navy John H. Dalton, in his ALNAV 053/94 message released on 24 May, issued the following message from VADM Donald F. Hagen, MC, Surgeon General of the Navy.

"I am deeply concerned some Persian Gulf War veterans believe they and their families have undiagnosed illnesses which are related to service in the Persian Gulf War. Many of us have seen, heard or read reports featuring Persian Gulf War veterans who are experiencing symptoms or who have expressed concern their children have health problems related to the Persian Gulf War. I understand the worry and possible frustration some of you are feeling. Therefore, I am taking this opportunity to share medical information with you and describe some of the work in progress to find answers to health questions raised by Persian Gulf War veterans and their families.

"Despite the atmosphere of uncertainty, I can tell you preventive measures we took during the Persian Gulf War resulted in the fewest illnesses of any major conflict. I believe the

long-term health of the vast majority of Persian Gulf War veterans was not adversely affected by Persian Gulf War service. I can state the following with certainty: There is no ban on blood donations by Persian Gulf War veterans; none of the services have observed any indication of increased health problems among children born to Persian Gulf War veterans; there is considerable work being done by different military and civilian scientific groups to determine scope and causes of medical problems related to the Persian Gulf War; and we are expanding our Persian Gulf War medical information system to identify areas of health care needs and future study.

"Some of you may recall early during the Persian Gulf War we were concerned about Leishmaniasis, an infectious disease spread by the bite of the sand fly. Approximately 679,000 military personnel participated in the Persian Gulf War. Of that large number, less than 50 have had Leishmaniasis. For a brief period, we cautioned veterans against blood donations until we could ensure the blood supply would remain safe. This ban was lifted 1 January 1993, after studies showed the ban was not necessary. There is no evidence blood transfusions spread Leishmaniasis or any other disease related to the Persian Gulf War.

"Another significant concern involves children born to Persian Gulf veterans. Recently, some veterans in Mississippi stated their children have increased health problems which they attributed to service in the Persian Gulf War. This information attracted the attention of the media, political leaders, and state and national public health leaders. Local health authorities in Mississippi, the Department of Veterans Affairs, Centers for Disease Control and Prevention, Department of Defense and others are investigating this question of increased health problems in children of Persian Gulf War veterans. At this time, there is no evidence to recommend any changes regarding the personal decision to conceive or bear a child because of service in the Persian Gulf War.

"Each medical treatment facility provides, and will continue to provide, counseling services for Persian Gulf War veterans and their families if they have concerns about individual health problems or the potential risks for having children with health problems. Persian Gulf War veterans who are no longer on active duty should obtain assistance from their closest VA hospital.

"We are establishing a computerized central information system, the 'Persian Gulf Veterans Health Surveillance System,' to help meet health care needs of Persian Gulf War veterans and their families. Active duty Persian Gulf War veterans and their families who are experiencing illnesses which require medical attention should seek medical care at the nearest medical treatment facility. If you feel your medical condition is related to the Persian Gulf War, it is important you request to be included in the 'Persian Gulf Veterans Health Surveillance System.' The information in this system will be available to public health physicians but will be kept confidential. This information may help us understand the illnesses related to the Persian Gulf War and possible causes for these illnesses.

"We recognize and appreciate the contributions made by all

of you during the Persian Gulf War. We also recognize some of you have medical problems and these problems require responsive and thorough attention. We remain committed to meeting your health care needs and to ensure you receive high quality patient care."

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HEADLINE: Gulf Vets to Get Free Health Exams

AFIS Washington (NSMN) -- The Department of Veterans Affairs is encouraging Persian Gulf War veterans who may be concerned about possible environmental exposures to take advantage of VA's health monitoring program.

"I urge any Persian Gulf veterans with illness they think may be related to their service, as well as any healthy veterans who would like to part of our Persian Gulf Registry, to call their local VA medical center to make an appointment," said VA Secretary Jesse Brown.

Active duty Persian Gulf veterans can contact their local military medical treatment facility.

Reprinted from American Forces Information Service Press Pack of 30 May 1994

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HEADLINE: Jacksonville Nurses Win 'Nurse of the Year' Awards

NAVHOSP Jacksonville, FL (NSMN) -- Navy Nurse Corps officers CDR Donna Rhodey and CDR Tim O'Brien of Naval Hospital Jacksonville were honored on 13 May by the Florida Nurses Association, District II, at their 14th Annual Nursing Forum. Rhodey was presented the "Nurse Administrator of the Year" award, the first of its kind, and O'Brien the "Nurse Clinician of the Year" award. The two officers were cited for their excellence in the field of nursing.

Naval Hospital Jacksonville nurses have won at least one award from this reputable body in each of the last three consecutive years, including the "Nurse of the Year" award in 1992.

CAPT William D. Ahrens, NC, Director for Nursing Services at Naval Hospital Jacksonville, endorsed Rhodey for her award. In his letter, Ahrens described Rhodey as a capable, creative and committed nurse administrator.

O'Brien was nominated by LTjg Judy Guentzel of the Pediatrics Ward. Guentzel admired O'Brien's excellent and innovative approach to client care and interaction with patients and peers.

"He is a great example to all the nurses in the hospital," said Guentzel, adding, "He has sacrificed personal time to provide constant learning opportunities for junior nurses, too."

Rhodey and O'Brien competed against civilian and military nurses in the Northeast Florida area, and both were given a plaque of achievement by the Association.

Story by HM2 Edgardo S. Totanes

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HEADLINE: CNET SOY Finalists Included Dental Technician

NDC Pensacola, FL (NSMN) -- DT2(AW/SW) Thomas Roy Countryman, of Naval Dental Center Pensacola, competed with the top sailors of Chief, Naval Air Training; Chief, Naval Technical Training; Commander, Training Command Atlantic; and Commander, Training Command Pacific, for 1994 Chief of Naval Education and Training Sailor of the Year.

Countryman reached this finalist level of competition through sustained excellence in leadership, technical proficiency, motivation, participation in community affairs and numerous other noteworthy achievements that resulted in his selection as the Sailor of the Year for CNET Direct Reporting Commands. As a finalist, Countryman was awarded the Navy Commendation Medal by VADM R.K.U. Kihune, Chief of Naval Education and Training.

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HEADLINE: Blue Ridge Gives Orientation to JMSDF Medical Officer
USS Blue Ridge (NSMN) -- For sailors at sea, some needs are universal no matter if they are in the U.S. Navy or the Japan Maritime Self Defense Force (JMSDF) -- mail from home, occasional liberty, and good medical treatment.

Recently, Cmdr. Yoshiyuki Abe, JMSDF Medical Liaison Officer, spent time on board USS Blue Ridge (LCC 19) for an orientation on U.S. Navy afloat medical procedures.

Abe, a thoracic surgeon with a Ph.D. in chemotherapy, is on a three-month stint with U.S. Naval Hospital Yokosuka as part of a cooperative interaction program between the U.S. Navy and the JMSDF.

"Preventative medicine is probably the most important concern for any medical staff afloat," Abe said. "Keeping our sailors healthy is a universal priority. Like the U.S. Navy, our smaller ships and submarines have medical staffs which are composed of corpsmen. They have to be ready for any type of medical emergency. I was very impressed with the quality of corpsmen I saw on Blue Ridge."

"We work closely with our JMSDF counterparts," said CAPT Robert Knudsen, MC, Seventh Fleet Surgeon. "Recently, we concluded a medical symposium with medical personnel throughout the Pacific region."

"I think the exchange program is very important," Abe said. "We have a lot that we can learn from each other."

Story from COMSEVENTHFLT Public Affairs

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HEADLINE: MMARTs Get Feet Wet in Water Survival Training
NMC San Diego (NSMN) -- Memory of the tragic loss of a medical shipmate who died when an ill-fated aircraft plunged into the sea recently came floating back to Naval Medical Center's LCDR Jay Murray, MC, at a peculiar moment.

The vascular surgeon was himself treading water.

"When you consider that he probably devoted 12 or more years of his life to medicine, it is a tragic irony that six hours training in a pool just might have made a difference in saving his life," Murray said.

Murray certainly feels a little more prepared.

He was one of 14 Naval Medical Center San Diego military staff who, as members of Mobile Medical Augmentation Readiness Teams (MMARTs), completed helo egress training at the Aviation Physiology Training Unit at Miramar last week. Their training included two minutes treading water, a 25-yard surface swim, a 15-yard, underwater breath hold test, helo-hoist and helicopter dunk simulations. Lectures were dry. Tests were wet. Very wet.

Take the helo dunker. Suspended high over a pool, the nine-passenger, barrel shaped vehicle drops into the pool and inverts a full 180 degrees. The occupants must then unlatch themselves and escape through nearby window exits.

The procedure is repeated once more. And then students do it with blinders.

That's an important part of the lesson, says aerospace physiologist LT Matt Hebert, MSC, of the Aviation Physiology Training Unit. "Anytime these people ride in an aircraft there is a chance, however slight, that the aircraft may ditch in the ocean," Hebert said. "If that happens, we want to give them the best possible chance for survival." While the pools are somewhat heated, ocean water churned up by an aircraft is dark and deathly cold. A passenger's only hope for survival is to remain calm and follow procedures to escape the aircraft.

Hebert explained that the medical augmentation teams are first given a two-hour lecture in water survival and then suited up in flight gear for the water phase -- flight boots, flightsuit, head gear, the works.

Physicians, nurses, corpsmen may ask: What is the likelihood they'll find themselves in a military aircraft over water? Far from remote, explained LT Becky Bailey, MSC, Naval Medical Center's medical mobilization planning officer.

"Virtually every uniformed member of this command is already assigned, or could be assigned, to a medical augmentation team operational unit and be deployed with the fleet," she said.

Bailey explained that medical augmentation teams may deploy aboard ships, with Marine air wings or ground units, with Fleet Hospitals (the medical center is the primary mobilizer for Fleet Hospitals Six and One) or any of myriad other platforms that require medical personnel. According to Bailey, MMARTs are prepared to deploy on 48-hours notice. To ready them, Bailey and the staff of the Medical Mobilization Planning Office see that teams undergo continuous training in preparation of future deployment.

"Remember Fleet Hospital Six? They've been through weapons training and phase two field training," Bailey said. That training included water survival training.

"It's all part of the program to keep our staff prepared," Bailey said.

And it works. Said Murray: "I'll never get into an aircraft again without thinking twice about exists, safety equipment and giving myself every chance of survival before I leave the ground."

Story by H. Sam Samuelson

Reprinted from The Dry Dock, 22 April 1994

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HEADLINE: Seabees 'Can Do' Hospitals Too

CBU 422, Washington (NSMN) -- A 14-man detail from Construction Battalion Unit 422, based at Naval Station Anacostia in Washington, DC, recently spent some time at Camp Pendleton, CA, participating in this year's Fleet Hospital Unit Training.

CBU 422 Seabees joined up with fellow Sailors from CBU 423 out of New York, physicians and medical technicians, and other ratings from all across the nation.

The Seabees had their work cut out for them during the exercise. They prepared the hospital site, loaded the medical equipment, and supplied the essentials -- water, power, heat and air conditioning -- throughout the camp. Once the camp was up and running, the Seabees switched from the construction mode into the role of providing security for the camp site.

Members of CBU 422 said the training was an excellent experience and made them better prepared for any contingency situation that could arise where a fleet hospital would be needed.

Story by BU3 Christine Hadley

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HEADLINE: Navy On-Ramp to the Information Superhighway

CHINFO Washington (NSMN) -- Looking for information electronically? The Navy has made it onto the information superhighway with the Navy Public Affairs Library, the Internet counterpart of the Navy leadership policy bulletin board.

NAVPALIB contains a wide variety of general-interest Navy-related materials, including Navy news, speeches, congressional testimony and much more. It is accessible on the Internet through several popular Internet interfaces, including World Wide Web and Anonymous File Transfer Protocol.

Complete details and examples for accessing NAVPALIB are contained in a fact sheet that is available on request by sending e-mail to NAVPALIB@OPNAV-EMH.NAVY.MIL . If you do not have Internet access, the dial-up bulletin board (NLPBB) can be accessed by setting your modem to eight data bits, no parity, one stop bit, speed from 2400B to 14.4KB, and dialing DSN 225-6198, commercial (703) 695-6198 or 1-800-582-2355. These numbers are now on a rotary system.

The system operator, Ms. Henrietta Wright, can help you with problems or questions concerning dial-up access. Her number is (703) 695-5471, DSN 225-5471.

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HEADLINE: HEALTHWATCH: Summer Foods -- What to Do

NNMC Bethesda, MD (NSMN) -- Ever had food poisoning? Actually, it's called foodborne illness. Perhaps you've had it, but thought it was the flu or the alcohol that made you ill.

Some seven million Americans will suffer from foodborne illnesses this year. Why? Because the food they ate was not thoroughly cooked or was allowed to stay at room temperature for too long. At the right temperature, bacteria can multiply in a

few hours, causing illness. Unfortunately, you can't see, smell or taste the harmful bacteria.

It doesn't have to happen. Here's what to do: Never leave perishable foods (i.e., meats, poultry, fish, eggs) out of the refrigerator for more than two hours.

Food storage -- Keep fish, meat, poultry, eggs and dairy products refrigerated at the correct temperature. The refrigerator should be set at 40 degrees Fahrenheit and the freezer set at 0 degrees Fahrenheit. Room temperatures or warm temperatures promote the growth of bacteria.

If you're going on a picnic or to the beach, pack perishables in an insulated carrier, like a cooler, with several cold packs or ice. When possible, keep the cooler in the shade (under a beach umbrella) and keep the lid on as much as possible.

Food handling and preparation -- Be sure to wash your hands thoroughly and often with hot soapy water. This is particularly important after using the toilet and before and after handling raw meat, poultry and seafood.

Bacteria present in raw products can get into other foods if you're not careful. So be sure to wash ALL utensils and surfaces that are used when preparing raw food.

Cooking -- Cook to kill harmful bacteria. Be sure to keep raw and cooked products separate. For example, when grilling outdoors, use separate plates for carrying raw and cooked food. Be sure to turn all foods over at least once.

Cook red meat to an internal temperature of 160 degrees Fahrenheit or until the center is not pink. Red meat will be done when it's brown or gray inside. Cook poultry and pork to 180 degrees Fahrenheit or until juices run clear. Cook fish to 160 degrees Fahrenheit or until it flakes with a fork. Cook eggs thoroughly until they are firm, not runny. Salmonella, a bacteria that causes food poisoning, can grow inside fresh, unbroken eggs. So avoid eating foods containing raw eggs. Don't interrupt cooking time.

Serving -- Use clean dishes and utensils to serve food, not those used in preparation. Serve cooked eggs and egg-rich foods immediately after cooking or refrigerate at once for serving later.

Keep hot foods hot, around 140 degrees Fahrenheit or above. Serve hot foods immediately or keep them on the grill until ready to serve. Keep cold foods cold, around 45 degrees Fahrenheit or below. Serve cold foods refrigerated, on ice or gel packs and in small containers, rather than putting it all out at once.

Handling leftovers -- If food has been out of refrigeration for more than two hours -- THROW IT OUT.

Divide large amounts of hot leftovers into small, shallow containers for quick cooking in the refrigerator. Don't pack your refrigerator; cool air must circulate to keep food safe. Reheat leftovers thoroughly to 165 degrees Fahrenheit or above.

Have fun this summer at picnics, BBQs, beach parties and family reunions. And remember -- keep it safe, refrigerate.

If you have any questions regarding food safety, call the USDA Meat and Poultry Hotline at 1-800-535-4555.

Story by Chantal Buettner, R.D., National Naval Medical Center

Food Management Department
Reprinted from The Journal, 19 May 1994
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3. Month of June observances, events occurring 1-17 June and Bureau of Naval Personnel's important dates for June:

JUNE

Fireworks Safety Month (sponsored by Prevent Blindness America; call 1-800-331-2020 for more information)
National Hernia Month (1-800-322-BARD; in MA, 1-800-845-8852)
National Scleroderma Awareness Month (1-800-722-HOPE)
2 June: Career Nurse Assistants Day (216-825-9342)
2 June: Family Day
2 June: Teachers' Day
2 June 1924: Congress made Native Americans citizens
5-11 June: National Safety Week (708-692-4121, x18)
5-12 June: Safe Boating Week
6 June 1944: D-Day -- Allied forces launch invasion of Normandy in northern France
7 June: National Health Care Recruiter Recognition Day
7 June: VOTE! Alabama, California, Iowa, Mississippi, Montana, New Jersey, New Mexico and South Dakota Primaries
9 June: Senior Citizens Day
14 June: VOTE! Maine, North Dakota, South Carolina and Virginia Primaries
14 June: Flag Day
17 June 1898: Navy Hospital Corpsman Birthday
BUPERS' IMPORTANT DATES:
1 June: Senior Enlisted Academy Board Convenes
6 June: E-7 Board Convenes
8 June: BUPERS Night Detailing until 2200 ET
13 June: Reserve O-4 MC Board Convenes
13 June: O-4 MC, DC, NC, MSC Boards Convene
20 June: Reserve O-4 Line Board Convenes
22 June: BUPERS Night Detailing until 2200 ET

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